THE
# MEDICAL AND SURGICAL REPORTER.

No. 731.] PHILADELPHIA, MARCH 4, 1871. [Vol. XXIV.—No. 9.

## Original Department.

### Communications.

### BIOGRAPHICAL SKETCH OF PROFESSOR GEORGE T. ELLIOTT, M. D.

By Saml. W. Francis, M. D.,

(Fellow of the New York Academy of Medicine.)

"Non omnis moriar."—*Horace.*

The subject of the present sketch, the son of George T. and R. G. Elliott, was born in New York city, May 11th, 1827, and died Sunday morning, January 29th, 1871.

He had no sisters, but his three brothers were A. Foster, William H. and Daniel G. Elliot.

At an early age young Elliot attended Mr. Peugnet's school. Next he entered St. Paul's College till the expiration of the sophomore year, when he joined the junior class of Columbia College, and was graduated A. B., in 1845. Subsequently receiving his A. M., young Elliott almost immediately became enamored of the study of medicine, and entered the office of Dr. Valentine Mott, under whose affectionate guidance he matriculated at the University Medical College, whence he received his diploma as doctor of medicine, in 1849.

With the exception of typhoid fever in boyhood, scarlet fever in 1850, and fracture of the thigh in 1847, Dr. Elliott enjoyed excellent health during the whole of his laborious life, until the last eighteen months, when his appearance indicated that he was overworking himself by too much zeal in the curative cause, for he not only practiced, but alas, in too many cases suffered, with his patients. With him it was not enough to prescribe "what would do." He was possessed of a medical conscience, and sought not only to alleviate, but endeavored to bring about a speedy cure in the shortest possible time and by the best remedies known to science.

Dr. Elliott's thesis was on fracture of the thigh, and gained for him not a little credit, for by a sad accident a few years before, he had been enabled to take mental notes from practical experience.

On receiving his degree of M. D., Dr. Elliott sailed for Europe in June, 1849, and was absent about three years. During his sojourn abroad, he resided six months in the Dublin Lying-in Hospital, and passed seven months on the Dreadnaught Hospital ship, in London. He also studied medicine for thirteen months in Paris, and spent four months attending the lectures of the able professors in Edinburgh, and before returning to the United States visited northern Germany.

On his arrival in New York, Dr. Elliott at once commenced the practice of physic, and for the last eighteen years maintained an enviable position as a first-class doctor, and one whose sympathetic presence and courtly manners did as much to cheer the drooping spirits and feeble frame, as his sage advice and palatable medicine.

During that time he held many responsible positions, among which might be mentioned Resident Physician in the New York Lying-in Asylum for two years, and an Attending Physician subsequently; Attending Physician to Bellevue Hospital, since March, 1854; Visiting Physician to the Nursery and Child's Hospital six years, and subsequently Consulting Physician; two years Physician to the Northern Dispensary, and eighteen months Physician to the Denult Dispensary. He was also Professor of Anatomy in the Vermont Medical College; Adjunct Professor of Anatomy in the College of Physicians and Surgeons, and Professor of Obstetrics and the Dis-

eases of Women and Children and Clinical Midwifery in Bellevue Hospital College since its foundation, and one of its able allies.

As a lecturer, Dr. Elliott took rank among the first. His manner was persuasive and eloquent. The audience felt that he himself was interested in the subject under discussion, and gave him strict attention. Provided with plates, drawings, specimens of mal-formation, diseased bones, and new instruments, he fascinated the students by the variety of his illustrations, and the choicest language charmed the ear. While listening to Prof. Elliott, it was impossible not to feel that he believed every word he uttered. This adds much to the force of didactic lectures, and rarely fails to make a lasting impression. Another trait is also worthy of honorable mention: Dr. Elliott always gave credit to whom credit was due, and seemed to take a comfortable pleasure in speaking of the good in others, while he never forgot to ascribe all praise to the pioneers of any new theory on the suggestions of any wise treatment. This gentlemanly generosity has left many a sunny memory in the breast of those who are permitted to mourn his loss.

Feeling from my knowledge of the doctor that he appreciated all that was epicurean in its present sense, I asked him one day his opinion of smoking. He replied that he rarely did it himself, but "would like to be able to smoke now."

His religious faith was Episcopal, and many and numberless were his deeds of charity. His cautious counsels saved not a few lives, while his cheering words have urged on to noble deeds those whose burdens were almost too heavy for them to bear.

A thoroughly educated physician, and one who kept up with the times by observation, autopsy and the perusal of new works, Dr. Elliott confined himself to no specialty, but, from choice, paid more attention to those diseases on which he lectured. His height was five feet eleven inches and he weighed 170 pounds, and his proportions symmetrically elegant. No one who could even boast of his friendship, could forget the refined beauty of his countenance, combined with the graceful dignity of his cordial bearing. His ease of manner and happy style in social intercourse, was felicitously blended with ennobling traits, such as respect for learning, and a kindly desire to instruct the young, while by many an ingenious turn it was his special delight to shield the ignorant from the ridicule of conceited contemporaries; but he had the best authors at his command.

His works have been published from time to time in various medical journals, and in the Bulletin and Transactions of the New York Academy of Medicine. His "Obstetric Clinic," 1 vol., pp. 458, published by D. Appleton & Co., New York, 1868, is replete with information, for *pars magna fui* may be recognized on almost every page, and this experience of what has been *seen*, not read, what has been done and known by ourself, proves to the physician far more practical than all the pet theories on beautiful ideas of which might truly be designated metaphysical anatomy. Much of the doctor's success was due to the fact that he loved his profession, for he told me, in answer to my question one day, whether he would be a medical man again, "Yes, for the same reasons which first decided me."

Dr, ELLIOTT possessed many of the elements of true greatness; he was not above listening to the young in years and knowledge. His was not a thorough mind, but rich in culture and full of the harmony of congenial acquisitions. He pursued his especial vocation till it became not too much praise to pronounce him one of the best obstetricans in the world. He was in truth a friend—not selfishly, but sympathetically.

It is a pleasure to write concerning one who is so much above all the littlenesses of life, that there is no fear of saying too much; and an additional proof of the correctness of this view is the fact that, when thinking of him, alive or dead, the heart swells. It is easy to express one's love and admiration for a noble man, but difficult to convey the feelings; they come too fast. Though a genial favorite, some few could not forgive him for being successful; but this had an excellent effect, for it stimulated his ambition. He possessed the rare faculty of arousing love and respect.

Though only forty-four at the time of his death, to those who saw him daily consulted by men old enough to claim him as a son, time was not counted by years, but cycles. Though cheerful and communicative, Dr. Elliott enjoyed his meditative hours, and told the writer of this sketch that he liked to talk with those who had suffered, for it brought out their deepest thoughts. His friends were

not confined to one class, but consisted of all ages and spheres, and if asked to-day if they would like to fill his place, would reply, "No; let us bring flowers to cast about his grave, around which we would prefer to mourn in silence than give place to another. Let the vacuum remain that we may always think with loving hearts of this ornament to the profession." As another proof of his enl rged mind that had no fixed focus through which he looked out upon science, he was a man who did not believe that the past was all a failure because the present was auspicious and of a different school. He believed that all healthy, sentient beings might possess some original and useful ideas, and fully indorsed the maxim "*interdum stultus bene loquitur.*" He was no theorist, but always wrote the truth; devoid of passion, and was in practice most devoted—one whose place we would rather not supply, but surround the hallowed spot with locked hands, for there are few indeed who combine so gracefully the dignity of knowledge with the simplicity of affection.

Though a physician of rare ability, he early became capable of listening. Strict as to medical ethics, he was incapable of a mean action. If the term might be permitted, I would call him a good man of the world; for there was nothing little in his big heart.

Among his patients he inspired confidence, and they resigned their cases into his hands more after the manner of the Romanist toward his priest: he became a physical confessor, and they did sanitary penance with cheerfulness and hope. Blessed with a beloved wife and affectionate children, his domestic relations enabled him to enjoy the refined portions of a generous life, and he may truly be termed one of the most elegantly hospitable gentlemen of his time. It was not necessary for him to do a thing to pronounce it good. His was not the heart of a monopolist; he could share an honor even in his conscientious treatment of some formidable case. God bless his memory!

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## THE TEXAS CATTLE DISEASE.

By Frederick Horner, M. D.,
Of Salem, Virginia.

This subject is not devoid of interest to the pathologist, since a few of the diseases of the lower animals are transmissible to the human species. It has for several years been investigated in Europe and this country. During the past summer, in the month of July, 1870, a malignant and fatal disease broke out among the neat cattle of Fauquier county, Va., a short time after the introduction of Texas cattle, some of which died on the way, at St. Louis, Cincinnati, Lynchburg and Salem, from the excessive heat, overcrowding, and lack of water. The steer first examined by the writer was moribund, when removed to the pasture, from these causes, and became, I believe, the focus of a disease which, in a few short weeks, carried off more than three hundred fine milch cows.

An accurate *post-mortem* revealed the following pathological appearances: The lungs, were highly inflamed and ulcerated, and filled with pus. The manyplies or third stomach was distended—gizzard like—with impacted food, unmasticated and hard. The small intestines, on their mucous surface, were mottled and in a gangrenous state. The bladder was filled with blood to the amount of two gallons; and from this organ, and in one case from the mouth, was a constant hemorrhage of blood of a dark venous character, that would not coagulate. No parasites were visible in any part of the intestinal tube. Debility, a staggering gait, great enlargement of the pupil and ball of the eyes, with loss of appetite, were prominent symptoms.

### ITS HISTORY.

Bougelat gave it the name of murie or pulmonary murrain. In 1833, the importation of diseased cattle from Prussia introduced it into Holland. In 1847 it was communicated to Sweden and France. The first notice of it in the United States was in 1843, when a German cow imported from Europe and taken to Brooklyn, gave it to the cattle on Long Island. Mr. Chenery, of Boston, wrote to Holland in 1859 for information, and received a reply that the malady was "the greatest scourge which could fall upon the farmer; was contagious and remained in a country which it had once invaded." In England, while the epidemic was most destructive, the Bishop of London offered a prayer "that the Almighty would check the grievious murrain." In France, Collet "urged the government to adopt energetic measures and to establish around the locality of infection a '*cordon sanataire*,' and thereby limit the bounds of the disease."

At a later period, when it reached this coun-

try, the Department of Agriculture in Washington sent over to Europe a veterinary expert to study its character. The New York Legislature had presented to the public an able report, styled "'The Texas Cattle Disease of 1869." Several of the New England and Western States passed stringent laws forbidding the introduction of distempered cattle. H. BOURIGNON, a French observer, noted that "the flesh is usually flabby, bloodless, and of a very nauseous smell; the stomach presents ecchymosed spots, ulcerations, and even perforations, with congestion of the lungs." FLINT also described the disease.

ITS CAUSE.

Its cause may be suspected from the symptoms, viz.: Fever temp. 103°; the red corpuscles of the blood lose their vitality; the blood will not coagulate, as when typhus fever exists in the human species, or from injury by lightning; the gate is staggering, seemingly laboring under a depressing influence, enervation and delirium, all of which point to true *blood poisoning*. Whether this poison be from purulent infection, or the virus is an effluvium taken into the stomach with the food or water, or is due to the *ixodes reticulatus* or tick which infests the skin of Texas cattle, observation and the microscope have yet to decide. The autopsies of European cases show points of resemblance to the epidemic in this country, and would appear to identify rinderpest, murrain and Spanish fever as the same disease.

At the present time, when the ubiquitous beef has become so universal an article of diet, and beef is so essential an element of food, the care on the part of physicians and of political economists to exclude from our markets cattle infected with this disease, could not be too cautious. On board of a naval vessel, at the time stationed in a foreign port, the writer knew an entire crew to suffer from a distressing dysentery by eating the meat of over-driven beeves.

ITS TREATMENT.

This is chiefly prophylactic; when fully established, the chemico-vital changes are such that the disease defies all treatment. Bleeding; strong solutions of saltpetre; sulphur, and drenches have availed somewhat, with the application of carbolic acid externally to relieve the sufferings of the animals. The separation of the well from the sick cattle is a most essential precaution. The skinning of the dead, and transfer of the hides to the depots and tanneries, or the shipping of beeves from the infected district, should be forbidden by legislative enactment.

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## OBSTETRICAL REMINISCENCES.

By F. K. BAILEY, M. D.

Of Knoxville, Tenn.

### No. IV.

#### Eclampsia.

Every physician has reason to dread the occurrence of puerperal convulsions. The experience attending one case will render a medical man ever afterward very watchful of any premonitory indications of such an abnormal condition. The first case that came under my own notice, occurred in the winter of 1841-2. The subject was about eighteen years of age, and unmarried. I arrived at the bedside about midday, and learned that pains had commenced some hours previously. The contractions appeared forcible, and I hoped the poor girl would soon experience a happy issue from her troubles.

But, on vaginal examination, the os was felt high in the pelvis and scarcely dilated at all. Associated with lancinating pains, was obvious irritability of the uterus and physical organization generally, with a state of mind resulting from shame, mortification and anger. Hour after hour passed away, with no progress to labor. Morning dawned, and the same restless and irritable condition, both physical and mental, still obtained. I bled, and gave opium with no relief. At noon the second stage was barely reached, but the advancing head only appeared to add to the general disturbance.

Before 5 P. M. it was with difficulty that she could be kept upon the bed. She became like a raving maniac. The face became flushed, the carotid throbbed violently, and while struggling and tossing about, she went into a terrible convulsion.

Before the fit passed off, she had thrown herself from the bed to the floor. As soon as possible I opened a vein in the arm and allowed the blood to flow till faintness brought quietude. The circulation soon returning, a second convulsion set in. During all this, labor progressed slowly. How many convulsions she had I do not remember; but they seemed to follow in quick succession, and to accompany the uterine effort. It was a trying

time for a young physician to be placed in charge of such a fearful case, in dead of winter, and at a distance of some twelve or fifteen miles from the nearest point where counsel could be obtained of one whose opinion would be of any advantage.

Among other expedients, I concluded to try cold affusion, and accordingly, while the poor girl was writhing in agony, I poured water from a pitcher at a height of three feet, upon the exposed abdomen. Cautiously at first, but persistently, this course was pursued with evident relief. Although not suspended wholly, still the convulsions were less severe after the head passed into the perineum, and before dark, labor was finished. The child, I think, was dead, but the mother recovered without any further accident.

Many writers state that convulsions are most likely to occur in primiparæ, and some add those who are illicitly in that condition. RYAN mentions the latter cause. DEWEES says that out of eight cases three were in first labors. CALEB ROSE, Esq., in the *Medical Times and Gazette*, July 17, 1852, relates the history of twelve cases, in which nine were primiparæ and eight unmarried. He speaks of the mental condition of a female in her first pregnancy, resulting from anxiety, apprehension of danger, and, in the case of the unmarried, the state of mind natural as a result of annoyance and vexation incident to her peculiar circumstances.

W. TYLER SMITH (*Lancet*, October 26, 1856,) speaks of psychical causes leading to convulsions, and that it is a very old and true observation, that this phenomenon is met with in single women, whose minds have been depressed by a sense of shame and misery inseparable from their condition during gestation.

VELPEAU says that young women in their first pregnancy are more liable to convulsions than others. The same author alludes to the application of cold water to the belly, as advised by SIQUAND, but considers that the practice is not sustained by facts.

The later authors make no mention of convulsions occurring in the unmarried. It may be that illegitimate births have ceased to attract notice as bearing upon this point, both from their frequency and a growing want of sensitiveness upon the subject in the public mind.

## MENTAL INFLUENCES AFFECTING UTERINE ACTION.

Every physician may have known instances where labor was modified by the will of the parturient woman. The following are related as cases in point:

Some years ago I was called to attend a young married woman in her first confinement. I apprehended trouble, for upon the earliest indications I had been informed of her irreconcilable condition of mind in regard to the new state of things, and, instead of yielding, as time elapsed, to the *situation*, she became more and more uncompromising.

When labor came on, at full term, I was called, although under her decided protest. This feeling did not arise from any personal objection, for I was, probably, the preferred physician in the estimation of the family. The opposition in her mind grew out of a determination that nothing should be done to facilitate labor. The unwillingness felt at first to be pregnant, grew into a determination not to be parturient. On my arrival she was unwilling to communicate with me in regard to her case, and, although there had been some pains, they began to lessen as soon as I stepped into the house.

Under the impression that as labor advanced and the pains became expulsive, the reluctance would cease, I did not urge any interference. I waited two or three hours, in a room adjoining that of the patient, and silently listened. Fancying that the outcry indicated a pain so severe that it could not be controlled by voluntary effort on her part, I started toward the room. The instant my footstep was heard the pain would cease, although at its acme. This condition continued during the entire night.

In the morning, by the combined urgency of the family, I succeeded in ascertaining the presentation. Labor had but just commenced, as the os was scarcely dilated at all, and was high in the pelvis.

Satisfied that everything was normal so far as the pelvis was concerned, and that the greatest impediment to labor was of a mental nature, I left for home. It seemed certain that my presence was not of any benefit, and the woman would not consent to have any other attendant. About midday, and nearly 24 hours from the time of making the first visit, I was recalled, but found the same determination, to an increased degree. During

my absence the pains had been severe, but as soon as my footstep was heard they ceased. The action of the uterus appeared completely under the control of her will. Toward night of the second day she became more tolerant of my presence at the bedside, and did not so seriously protest against an examination, but she still held a tight rein upon uterine action while I was in her sight.

Becoming impatient at so unpromising a state of things I went home, assuring the friends that labor would much sooner be finished if left entirely to herself, as expressed on the previous day.

During the night, pains increased in urgency, and I was again sent for. Returned and found my patient as before leaving the night previous, except that the mental effort on her part had caused considerable excitement, and fearing cerebral trouble, advised sending for counsel.

An excellent physician from an adjoining town was sent for, and arrived before morning. But her feelings, which toward myself had been such as greatly to embarrass any efforts at rendering assistance, were so intense toward the consulting physician, that she became frantic, if he approached the room. At this stage I had succeeded in ascertaining that in spite of her resistance and efforts at repressing, the head had begun to press upon the perineum.

Early the next morning there was a cessation of pain. Spasms soon came on, at intervals, but consciousness did not return. At this juncture craniotomy was resorted to, and the child removed. The reason for not using the forceps I do not now remember. The case occurred less than a year after Sir J. Y. SIMPSON first used chloroform in midwifery practice. There were some features in the case that may be considered very unusual. At the outset there was a determination to resist labor. The reluctance to my interference was a fear that labor would be facilitated by what I might do. How completely she succeeded I have attempted to show.

The only notes I can find of the case are the date, and "child weighed 6½ pounds; duration of labor, 72 hours," which embraces a longer term than the history as given above shows, but the labor was dated from the first appearance of pain, twenty-four hours before I was called. She suffered that length of time, and the family yielded to her reluctance in calling medical aid. There was a further note: "Spasms, and craniotomy performed." The details are from memory.

I will further state that there was as rapid recovery in this case, as common in primiparæ. A second pregnancy never occurred, to my knowledge.

I will relate another instance in which the influence of the will was very obvious. It occurred about twenty years ago. I was called into a family that had just come into the neighborhood. The wife was a few months advanced in pregnancy, and I was engaged to attend her when the time should arrive. Before the completion of term, however, the family removed to a place some ten miles from my residence.

Notwithstanding the distance, I was still desired to attend her when necessary. But when labor commenced it was dark and rainy. A young doctor lived only three miles distant, and, contrary to her wishes, the husband sent for him. He was prompt in responding, but on his entering the house the pains, which had been severe, all stopped. He remained about eighteen hours, and left in disgust. I was then sent for, and reached the house in about three hours after the messenger started.

On going to the room, found the woman lying quietly in bed. On examination, the os uteri was fully dilated and head ready to engage in the perineum. There had been no pain for more than twenty hours—the time her previous attendant arrived.

Pains came on immediately and labor soon was completed.

She told me that her mind had been made up from the first, that I should attend her, and her determination had been carried out. There had evidently been a severe conflict in that domestic circle, with a result not without precedent.

In Braithwaite, part 62, is the relation of a case by Dr. JOHN W. OGLE, and designated by Dr. MARSHALL HALL as "temper disease." In this is found a perverted state of the temper, or mental disposition. Every physician has met with cases where physical conditions and functions are modified by mental influences.

Young practitioners often find cases where labor pains are temporarily affected on their arrival at the bedside, where the woman had expected an older man, but he could not be

obtained. Still it is not very often that the delay is long continued, or serious results follow the disappointment.

In the cases I have related, the patients made a good recovery, whereas, if any other condition than one purely physical had obtained, its indications would have been obvious in the development of the cerebral lesion in the puerperal period. The convulsions in the cases described above were considered excito-motory in their nature. So far as I can recollect, the cases of puerperal convulsions with which I met in subsequent years, were anemic, and generally dropsical. Happily, they have been comparatively rare.

Those who have entered upon the practice of the healing art during the last fifteen years cannot duly appreciate the difficulties daily encountered by the older men who practiced before the days of chloroform, the bromides and chloral.

*February*, 1871.

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## HEPATIC ABSCESS—HEART-CLOT—DEATH—POST-MORTEM.

By E. P. Ritchey, M. D.,
Of Petersburg, Indiana.

In March, 1870, Charles G——, a laboring man, made application for the relief of a severe pain in his right shoulder, resulting, as he supposed, from a sprain received in lifting off a wagon-bed.

Being of a rheumatic diathesis, I placed him upon the usual alkaline treatment. He also patronized the drug-store largely for all manner of liniments, but they, too, failed to accomplish the desired object.

In the meantime his general health began to fail. He was attacked with intermittent fever, became jaundiced, much emaciated, etc., the pain in the shoulder continuing throughout.

Was called to see him October 7th, 1870. Found him with high fever, accompanied by frequent rigors; respiration labored; intense pain in right hypochondriac region. Physical examination revealed dullness to percussion and absence of respiratory murmur over entire right side of thorax, except at the extreme apex of the lung; dullness extending downward to the crest of the ilium; intercostal spaces of right side bulging. Above the umbilicus appeared a prominent tumor, extending over the left hypochondriac region; abdomen prominent and tympanitic; at the umbilicus was a constriction, as if a rope had been tied tightly about the body, forming a sulcus two inches in depth; heart's action violent, with a peculiar thrill with the first sound; pulsation of jugulars; left lung resonant with puerile respiration, doing double duty. It now occurred to me that pain in the shoulder was one of the earliest symptoms of hepatic inflammation, and it became evident why alkalies, blisters, liniments, etc., failed to cure his rheumatism.

October 18th—Was hastily summoned with the intelligence that "Charley had busted sumthin'." I found him coughing violently and expectorating large quantities of a dirty, brown pus. The abscess had burst through the diaphragm into the bronchi. Throughout the remainder of his illness he was obliged to sit in a chair, the recumbent position causing the pus to flow so rapidly as to impede respiration. In two or three days after the rupture of the abscess, the right lung partially resumed its function, and respiration became comparatively easy, and he expressed himself as much relieved of the painful sense of impending suffocation.

His subsequent history would be uninteresting; suffice it to say it was the usual list of hopes, doubts and fears—better one day and worse the next.

On the morning of January 2d, 1871, after a good night's rest, he walked to the breakfast table and ate ravenously, feeling, as he remarked, unusually well and sanguine of recovery. One-half hour afterward, sitting in his chair, he suddenly expectorated a quantity of blood, and fell to the floor. Was placed upon the bed; revived a moment, and told his friends not to be alarmed, as he would be better presently, and died in an instant.

*Post-mortem*, 26 hours after death, assisted by Dr. I. R. Adams. Large muscular frame, much emaciated. *Post-mortem* rigidity not well marked. Lungs so attached to the thoracic walls by strong adhesions, that they were with difficulty removed. The base of the right lung was intimately adherent to the diaphragm. A fistulous communication existed between the liver and bronchi.

That portion of the lung tissue adjacent to the fistula was infiltrated with pus. The remainder of the lung was healthy. Left lung normal. Right cavities of the heart dilated, auricular walls exceedingly thin. In the right

auricle, attached by a distinct pedicle, near the margin of the appendix, was what appeared to be a mass of pure fat, weighing ʒiij. I afterward had it examined microscopically by Dr. CARSON, pathologist of the Cincinnati Hospital, who pronounced it an "organized clot." Ventricles contained a quantity of dark clotted blood. Valves perfect. We found the liver crowding the lung upward, and overlapping the stomach and intestines like an apron. The right lobe was a mere shell, a monstrous abscess containing about five quarts of pus, occupying its entire parenchyma. It was attached closely to the diaphragm, with an opening corresponding to the fistulous track mentioned above. Left lobe much congested. After the abscess was evacuated the liver weighed eight pounds; gall bladder distended; spleen hypertrophied; kidneys and intestines healthy.

My treatment throughout was very simple, consisting of quinine, iron, whisky, opiates when necessary to relieve pain, laxatives and generous diet. The prognosis was daily becoming more favorable, and my chagrin can readily be understood at losing the patient just at a time when I was beginning to congratulate myself on the prospective happy recovery.

The autopsy discovered ample cause for death, but I was for a time at a loss to decide which organ was at fault.

After mature thought, taking into consideration the suddenness of his death, I believe that the polypus, by obstructing circulation, accelerated by the full meal partaken of a short time before, and perhaps aggravated by a sudden attack of coughing, proved one "straw to many" for the already overtaxed heart, producing paralysis and death. Am I right? Who will decide?

## HOSPITAL REPORTS.

### COLLEGE OF PHYSICIANS AND SURGEONS.

#### DISEASES OF WOMEN.

Clinic of Prof. T. G. THOMAS.

**Pregnancy—Doubtful Diagnosis.**

Dr. THOMAS reported on a case of uterine tumor, in which there was menstruation coming on regularly. The diagnosis at the time was pregnancy, and now it is fully confirmed, though her history was strictly true.

**Prolapse of Uterus—Proposed Operation.**

Mrs. M., æt. 34; five children, youngest 2½ years. Her first birth was normal, but in the four subsequent ones the forceps had to be applied. Patient noticed shortly after her first delivery that her womb was coming down. This has continued growing steadily worse.

Physical examination shows prolapse in the third degree, but neither rectocele nor cystocele. The intra-uterine measurement is five inches. Dr. T. said that the operation he proposed doing would consist in amputating a small portion of the cervix, then remove a gore from the posterior wall of the vagina, in order to shorten it and make it more resisting. He will operate, if the patient consents, at the Stranger's Hospital, where the class can have an opportunity of seeing.

**Malignant Disease of the Cervix.**

Mrs. K., æt. 34; six children—youngest child sixteen months old. Has been sick for eight years; complains of pain in her side, which has increased during the last six months, every day grows weaker. After coition notices a discharge of blood from the vagina; menstruates regularly, but profusely.

Physical examination reveals a uterus in size and position normal, but to the feel the cervix is hard as ivory and as smooth. There is no peritonitis, cellulitis, nor difficulty with the ovaries. When the speculum is applied, blood is noticed issuing in three places from the cervix, but there is no solution of continuity excepting papillæ from which the blood comes. An intra-uterine examination with probe reveals nothing.

The incipient stage of malignant disease is strongly to be suspected, though as yet it would be impossible to make a positive diagnosis. However, it will be in a short time reported, and if the suspicion is correct, the bleeding will continue and increase.

The treatment will be artificial support to the uterus by means of a double lever pessary, and pledgets of cotton, saturated with persulphate of iron to the bleeding cervix.

**Malignant Disease of Cervix—Vegetating Epithelioma.**

Mrs. O. H., æt. 40; two children; youngest 13 years. Has been complaining six weeks of poor appetite, with trouble in passing water. There are no other symptoms to indicate uterine difficulty.

The patient has the appearance of a person in ordinary health, and in ordinary practice there is barely sufficient to call for a vaginal examination. But when the finger is carried into the vagina it meets a large mass of outgrowth from the cervix, and as high as the finger goes no cervical tissue can be discovered. Treatment will be useless as applied to the malignant growth; an operation would be completely without beneficial result, as no healthy base can be discovered. The general health must be endeavored to be kept up, as advised in former cases.

# Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

*January* 16, 1871.

(REPORTED BY J. W. HADLOCK, M. D.)

Dr. J. H. TATE, exhibited a specimen of velamentious placenta, which was connected with a child born at the seventh month.

The cord, instead of terminating in the placenta, terminated on the membranes, some six inches from the surface of the placenta, and thence the blood vessels could be seen running on the membranes until reaching the edge of the placenta.

On examining the specimen closely he detected a rupture of one of the arteries as it passed from the membrane to the placenta, and hemorrhage from this, perhaps, had induced premature labor.

Dr. Tate also reported a case of breech presentation. The mother was a woman who had previously had seven children; three of them born premature, and four with the breech foremost; all born dead. In the last delivery, he had followed the judicious advice of HUNTER, and allowed the feet to remain up until the whole breech was delivered, and consequently when the head came down it took but a moment or two to deliver it, and the child, though weighing eleven pounds, was born alive. In her previous deliveries, according to the woman's account, the feet had been brought down by the attending physician.

On examening the placenta he was struck by its unusually large size, and on looking at the membranes, he discovered that the rupture through which the fetus had escaped was close to the edge of the placenta, showing that the placenta had been attached very low down in the uterus, reaching near to the os. It occurred to him whether this unusually large placenta attached in such an unusual location might not have had something to do with determining the character of the presentation. And in fact, he was inclined to think that it had. It may have been too that this locality might have been the favorite location of the placenta with this female, and hence, the frequency of the breech presentations.

Dr. B. F. RICHARDSON.—Dr. Tate states that four of the seven children presented the breech, and that the last of the four was associated with implantation of the placenta upon the lower segment of the uterine wall; that probably the other three breech deliveries were characterized by the same implantation. Upon this he suggested the theory how implantation of the placenta may have determined the breech presentations. This theory is directly at variance with the most rational view held as to the principal influence determining the different presentations; that is, the movements of the fetus through the excito-motor system, excited by external contact or pressure. The fetus, folded upon itself in the uterine cavity, forms an ovoid, the pelvic end of which is the largest, especially subsequently to the seventh month. In the latter months the uterine cavity is ovoidal, the fundal end possessing the greatest capacity. The reflex movements of the fetus, therefore, will in a majority of cases (39 to 1), bring the pelvic extremity of the fetal ovoid into relation with the fundal portion of the uterine cavity. The late JAMES Y. SIMPSON satisfactorily sustained this theory by facts and unanswerable argument. Therefore any thing which tends to restrict still further the capacity of the inferior segment of the uterus, such as implantation of the placenta in that locality, must necessarily diminish rather than increase the liability to breech presentations. At the conclusion of the paper to which I have alluded, Dr. Simpson stated that its length forbade his entering upon a like explanation in regard to the relative frequency of fetal positions. So far as I am aware he failed thereafter to do so. About the time his writings were published in this country I read before the Cincinnati Medical Society a paper on this latter subject, which was subsequently published in the *Western Lancet* of this city. It was therein sought to explain not only the great frequency (scarcely without exception) of the dorso-left anterior and right posterior position of the fetus under breech and facial presentations; the determining anatomical conditions being found associated with the almost universal right obliquity of the uterus, the reflex movements of the fœtus bringing its dorsal plane in relation with one or the other localities.

Dr Tate said in reply, that it was generally conceded that the placenta of ordinary size was attached near the fundus, and on one or the other side of the uterus, and if this location were the most troublesome to those consentaneous movements between the fetus and uterus, which resulted in determining head presentations, then it seemed to him more than likely that a very large placenta, situated as in this case, in a much lower and nearly opposite position, would, in all likelihood, be a very essential element in determining a breech presentation.

Dr. A. M. BROWN offered a specimen of cancer of the pancreas, implicating other abdominal organs. The spleen was not enlarged, the stomach displaced, but neither involved. Other organs affected, not by contiguity, but diathesis. Patient's history very unsatisfactory. Had been intemperate; had had intermittent fever and secondary syphilis; was at one time somewhat jaundiced, but not to any great extent. In cavity of the abdomen about one and a half gallons of fluid was found, and in the pelvis one half pint of clotted blood, whose origin could not be determined. There was no

aversion to fatty food; no fatty diarrhœa, and but little obstruction at the pyloric orifice.

Dr. WHITTAKER exhibited a specimen of a heart illustrative of the degenerative cardiac lesion of the aged. The specimen displayed marked fatty degeneration, immense enlargement and abundant concretions on the mitral and aortic valves. The condition confirmed accurately the increased dulness, the intermittent pulse, the œdema of the limbs, and mitral bruit observed during life. There was no bruit at the base, for the reason that the mineral depositions were upon the outside of the valves, and offered no obstruction; the valves being still very flexible, and the sinuses of VALSALVA very much dilated, there was permitted no regurgitation. A sudden discoloration and œdema of that side of the face, noticed a few days before death, was attributed to an effusion of the right facial artery. The death itself was prefaced by complete left hemiplegia, and the semi-coma owed its immediate cause in all probability to embolism of the right middle cerebral.

Dr. CARSON read a paper upon some of the Fallacies and Difficulties of Physical Diagnosis, particularly upon pleuritic signs.

There is no more interesting contribution to the subject of physical diagnosis than the one read before the Grey's Physical Society, in 1846, by WM. ADDISON, Physician to Grey's Hospital, at the time. Probably the propositions which he set forth then have not been sufficiently emphasized by late teachers. The essayist proposed to consider the subject at this time as illustrated by signs connected with the pleura. When we recollect that it is exceedingly rare to make a *post-mortem* examination without finding pleuritic change, the frequency and persistency of pleuritic signs might be anticipated.

The grazing, rubbing and creaking varieties are much more familiar to auscultators than the cracking of crepitations. LÆNNEC made little or no allusion to the similarity of pulmonic and pleuritic sounds or the difficulty of their differential diagnosis. WALSHE, ROGER, HERRON and others were cited as authority for the occasional difficulty of making such discrimination.

The report was upon the case of an Irishman, æt. 27; admitted to the Good Samaritan Hospital, February 16, 1869. After a detailed history of his affection followed the condition, on admission: chest, well developed; but lacking in muscular tissue; no inequality between the two sides; greater expansion on the right side; vocal fremitus and resonance on the left side; increased dullness, greater resistance and higher pitch on percussion in the anterior and axillary regions of that side. Bronchial breathing, with moist crackling sounds, in the beginning of inspiration in infra-clavicular and superior mammary regions of the left. Expiratory sound of higher pitch. The same moist crackling of coarse character heard in the superior and inferior scapulary regions of the same side. Below the angle of the scapula, vocal resonance is not so great as in infra-clavicular region, and respiration feeble. On the right side the respiration is supplementary. Heart sounds normal.

The hypothesis of an uncomplicated pneumonia or tuberculosis does not accord with the origin, stages and present condition of this patient so well as that of either of them with pleuritic complication. The harsh, rattling, dry cough, the contraction of the upper region of the left and anterior thorax, and the occasional rubbing sounds at the apex imply an intra-pulmonic irritation. When we come to the consideration of these abundant crackling sounds heard over nearly the whole of the left side, we have in support of their pleuritic origin that pulmonic rales of such general diffusion would afford probably a more abundant expectoration, that is, directly dependent on tubercular or caseous irritation and softening, and there would be more constitutional disturbance; whereas, we have a temperature a little above normal, and such pulmonic rales would not probably remain of a uniform character throughout a period of over 1½ years, during which time we know that they have been present; that the patient has improved in respiratory movements, in cough and in general health (increase of weight being an important evidence of his improvement), while the local physical signs have remained unchanged; that these signs are superficial and unaffected by coughing (though we believe it to be a difficult matter sometimes to determine how far rales are affected by the act of coughing); that they are apparently incomplete or produced by a limited amount of respiratory movements; that the pericarditis occurred probably by extension from or in direct continuity with the pleuritic irritation.

An examination, November, 1870, shows a diminution of the physical signs in the posterior region of the left side. There is still, however, marked dullness in the left infra-clavicular region; the signs are rather of moist character, large crackling, few in number and inspiratory. There is nothing like the diffused rales heard formerly over the entire left side; the cough is somewhat troublesome, but the explanation is littl none. The man is at work every day, and his strength is good.

Dr. MILES presented a specimen, and detailed the history of a delivery of an encephalous fetus.

Labor occurred at the seventh month. Pains were active; the os uteri well dilated, and the membranes ruptured. The examining finger came in contact with the soft brain mass, part of which escaped. Diagnosis was at first quite difficult. Labor was normal in every respect. The heart continued to pulsate actively for half an hour after birth.

The case was interesting, from the fact that the malformation could be ascribed to no causes of mental emotion. There had been no fright or accident during the earlier period of gestation; an attack of acute dysentery; intercurrent at the sixth or eight month of pregnancy; had subsided in three or four weeks, after which the patient slowly convalesced to complete recovery.

So great was the abdominal distention from the outset, that it was believed to be a case of twins. The speaker urged this as a possible cause of the arrest of development, resulting in malformation. It is at least the view maintained by some pathologists; others regard it as a result of previous hydrocephalus. RUDOLPHI is of this opinion. It is claimed to result from a detention of the ovum in the Fallopian tubes; to contractions of the uterus; to diseases of the fetus itself; to inflammatory processes in the uterus or its annexa, etc. It is attributed, again, to a premature ossification of the vertebral centres, and union of the vertebra and occiput.

Dr. JESSUP exhibited a teratological counterpart of the specimen just presented by Dr. Miles.

The speaker was called, on 29th Jan., to a woman who had been in labor in the hands of a midwife. No progress had been observed after 24 hours of active pains. The membranes had ruptured in the outset.

Having called in assistance on account of a supposed malposition, the midwife was discharged. The presenting parts were found so high in the pelvis that it was determined to await an hour or two the further results of uterine contraction. Meanwhile Dr. HENDERSON was called in consultation. Having introduced the hand into the vagina it was concluded by both to be a case of vertex presentation with marked hydrocephalus. What rendered the diagnosis so difficult was the extensive dilatation of the fontanelles, one of which presented.

After perforation and escape of a large amount of fluid, the head collapsed and delivery was easily effected. Even after the escape of so much fluid, the head after restoration to its normal shape, gives, in parietal, a diameter of six inches; antero-posterior, seven inches. It is easy to understand that a head with such diameters could not engage in the superior strait. Perhaps about a quart of fluid escaped from the orifice of perforation; a pint was collected in a vessel as it flowed, and at least a pint saturated the bed clothes. The speaker would venture no speculations as to the cause of this monstrosity. As is usual in such cases, she could remember to have been frightened during her gestation, and all the women present could also remember having heard her express her opinion as to its possible effect at the time.

Dr. RICHARDSON delivered a woman recently of a fine, large hydrocephalic rachitic child, wherein much trouble was experienced in effecting extraction, on account of the excessive development of bone. This was even more marked than in a child of ten or eleven years of age, and offered such an obstacle that the bones overlapped each other in delivery. This same osseous hypertrophy was marked in all the bones of the body.

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## NEW YORK COUNTY MEDICAL SOCIETY.

(The President, Dr. A. JACOBI, in the chair.)

*February 13th.*

A eulogy was read on Dr. BENJAMIN DRAKE, who died January 11th, 1871. Dr. Drake had been an honored member of the Society for many years, and at one time Vice President.

Dr. FORDYCE BARKER, in a few fitting words, paid tribute to the late lamented Dr. GEO. F. ELLIOTT as a learned and polished man, as an author, as a collegiate and hospital colleague, and lastly as previous President of the Society.

The President appointed Drs. J. E. Taylor, Fordyce Barker and John C. Peters, a committee to draft resolutions in respect to his demise.

Dr. FLINT read the paper of the evening, "*Pathological Relations of the Gastric and Intestinal Tubercles.*"

Dr. Flint reviewed the researches of HANFIELD JONES, WILSON FOX and SAMUEL FRUWICK, of England, also read reports of cases which went to show that in a certain number of cases anorexia, anæmia, exhaustion and death were the result of degeneration of the tubercles in the alimentary canal.

The President called on Dr. Barker.

Dr. Barker said he could add nothing to the able paper, either in therapeutics or pathology. Of the different cases which had been cited the majority were of advanced age, and he was of the opinion that this might be causative.

In past years was in the habit of seeing many cases of typhus and typhoid fevers, and has seen, time and again, that after the fever had passed away and convalescence set in, this condition would arise.

In the discussion on puerperal fever before the Academy of Medicine many years ago, in treatment of the loss of appetite, which was noticed in that affection, he suggested that it was due to a congestion of the mucous membrane and glands of the stomach. Was also one of the opinion that child-bearing might act as a cause. He recalled a case of labor in a patient under 30, where she did exceedingly well for three or four weeks, but at the end of that time became dyspeptic; shortly after regurgitated anything that was given to her, and she eventually died suddenly.

The President inquired how these changes were related to changes in other glands, and called upon

Dr. JANEWAY, one of the curators of Bellevue Hospital, to answer.

Dr. Janeway said, that it might be produced by increase of fibrous tissue, causing compression of gland structure by interstitial inflammation, or by fatty degeneration.

The President wished to know also if anæmia of stomach, coming on in pregnancy, might give rise to degeneration. Dr. J. did not know.

Dr. Janeway had seen two cases of diarrhœa, in which he had diagnosticated waxy degenerations of intestines from the general history, and at the autopsy both diagnoses were correct.

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## NEW YORK PATHOLOGICAL SOCIETY.

(Dr. ALFRED L. LOOMIS in the Chair.)

### Ballet Dancing Causing Abortion—Death from Hydrate of Chloral.

Dr. FINNEL presented a uterus with the following interesting history:

A. B., 23; married; ballet dancer; was in the 6th month of pregnancy and continued regularly her occupation at one of the theatres in the city till labor pains came on; was delivered of a dead fetus, but for all, did exceedingly well.

On the second day after delivery, her physician ordered her 30 grains of hydrate of chloral, to be repeated if she did not sleep. In two or three hours other 30 grains were given, and in half an hour from the second dose, patient died. The only symptom noticeable was coldness of the extremities coming on shortly after giving her the second thirty grains.

Autopsy 14 hours after death. Although in the recent cold spell, and but such a short time after death, Dr. Finnel has never seen decomposition so far advanced even in midsummer. In reply to a question from the President, Dr. F. said there had been no hemorrhage after the abortion.

Dr. JANEWAY has seen ʒj. doses given every three hours for delirium tremens, at Charity Hospital, and no bad result, ʒss. produced but a slight effect..

Dr. Whitall at the Colored Home, has given ʒss. and ʒj. at a dose.

The President has frequently carried it to 45 grains at a single administration.

### Placenta Previa

Dr. FINNEL also presented the specimen of uterus and placenta, shown at Dr. THOMAS' clinic The history was then given in full.

### Cancer of Liver.

Dr. WHITALL presented a specimen of cancer of liver, with history. Patient, æt. 46; single. Entered Colored Home, Nov. 24th, 1870. Family history good. Complained of debility, with swelling of the feet. Temperature, 100½; deeply jaundiced. On examining the abdomen, the liver was found extending over to the umbilicus, but not sensitive. No ascites. Patient sank gradually and died. On examining the patient the liver was found studded by medullary cancer; two calculi, weighing ʒj. were found in the gall bladder.

Dr. Janeway inquired as to the condition of the stomach. Dr. W. said the stomach was perfectly normal.

### Phthisical Cavity Giving Rise to a Friction Murmur.

Dr. Whitall also presented a specimen of phthisis with cavity, closely similating one shown by Dr. LOOMIS, two months ago, in which the systole of the heart gave rise to a murmur, and at the end of expiration this was double. The sound was produced in the cavity at the apex of the lung.

The intestines of this patient showed ulceration of Peyers' patches, with enlargement of mesenteric glands.

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## PROCEEDINGS OF THE NEW YORK ACADEMY OF MEDICINE.

*February* 2, 1871.

Before proceeding with the business of the evening, the President nominated Drs. T. G. THOMAS and J. W. S. GOULEY a committee to retire from the meeting and draft resolution in regard to the demise of Dr. T. G. ELLIOTT, a late fellow of the Academy.

### Diabetes.

Dr. GOV. M. SMITH read an interesting and exhaustive paper on diabetes mellitus and diabetes insipidus, giving the details of 26 cases treated in the New York City Hospital. Of these, 15 were relieved, 7 died and 4 remained *in statu quo*.

The treatment pursued was meat diet with *tonics, benzoic acid, alkalies and nux vomica*. Traveling was also attended with benefit.

During the years 1867-8-9, and first six months of 1870, 80,068 deaths were registered in the New York health department, and of these, 58 were from diabetes, and all recorded by different physicians. Of the deaths from diabetes, 17 were in 1867; 10 were in 1868; 22 were in 1869; 9 were in 1770.

Dr. Smith considered the alkaline waters to be of decided value.

The President called on Professor John C. DALTON to continue the discussion.

Dr. Dalton, on rising, said that he coincided with Dr. Smith in respect to the deficiency of experimental research in deciding either the physiology or pathology of the question. When the fourth ventricle is irritated in the median line, diabetes follows within two hours, but never within one hour; but this gives no definite idea as to its occurrence. Some suggest that respiration being modified, the sugar is not destroyed in the lungs; others, that the liver is the seat of the disease. As the pneumogastric

is distributed to both, it is very difficult to decide. Dr. Dalton summed up in *extenso* the experiments of CLAUDE BERNARD and Dr. AUSTIN FLINT, Jr.; also the exceptions that were taken to Bernard's views and their final adoption.

The President then called on Dr. WILLIAM H. DRAPER to open the discussion at the next meeting of the Academy.

Drs. Gouley and Thomas, having returned resolutions of sympathy and sorrow in respect to the late Dr. Elliott, were moved and adopted.

The Academy then adjourned.

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### Angina Pectoris.

In an article on this disease in the *Edinburgh Medical Journal*, Dr. F. W. MOINET concludes thus:

Let us see what are the *post-mortem* appearances of the heart found in patients who have died during a paroxysm of this disease. In all of the reported cases we do not find that in one was the heart, or a portion of it, contracted on itself after death, but the reverse, the heart being always found flabby and unusually flaccid, frequently with clots in the cavities, showing how feebly the heart must have been acting. Professor SMITH relates a case of tetanus, in which, after death, the heart was found so firmly contracted on itself as to cause obliteration of the cavity of the left ventricle, and so twisted as to present a spiral condition from the extreme contraction of the oblique muscular fibres. Now, this is a case of spasmodic disease affecting the heart, in which, after death, we find it still remaining in a state of contraction. So it is surely but reasonable to expect that we should find the heart in some of those who have died in a paroxysm of this disease in a state of partial or complete contraction, but no such condition has ever been described, while the flabby and flaccid state is the condition always found. Nor is it at all likely that spasm could change at the moment of death to syncope, which is always the immediate cause of death.

Having thus stated my arguments, let me sum them up. While the arguments for paralysis exclude spasm, and although, perhaps, we have not given any one fact that it is by itself perfectly conclusive, it is because so little is known of spasm of the heart, that probable conjectures are all that can be made on some points in the present state of our knowledge. Still by the study of spasm in other organs and parts, we are entitled to judge what would, to a certain extent, be its effects and symptoms in another organ, so that the probabilities are very reasonable ones, and do not invalidate our argument as a whole; and as it must be either one or the other—spasm or paralysis—no other theory being able to account for the symptoms and history of the disease, we think we are justified in saying it is a paralysis occurring in, and depending on, a weakened heart.

*Treatment.*—During the paroxysm the treatment most efficacious in relieving the symptoms is that by diffusable stimulants and opium, hot brandy and water, sinapisms to the feet, and placing the hands in hot water. In the functional cases, treatment must be directed mainly to the stomach and nervous system. Tonics, such as iron and quinine, and regular exercise, will be found most beneficial. TROUSSEAU, in his work, mentions some good results he obtained from galvanism; but from the reports of the cases operated upon, they must have been functional, as it is only in these cases that cures could be effected. Still, we are inclined to think that galvanism carefully, and at first gently, applied, might be of some service even in organic angina, by giving tone and stimulus to the heart's muscular fibre, and that, at least, it is worthy of a trial. Another remedy we would suggest is bleeding, for by relieving the languid and stagnating circulation, you ease the heart, and at the same time give it a stimulus and opportunity to recover itself, especially when the paroxysm is a protracted one. Nitrite of amyl is also sometimes found useful; it acts as a stimulant—its speedy action being due to its being administered by inhalation.

### Tincture of Arnica in Acute Pulmonary Affections.

Mr. C. C. BALDING, M. R. C. S, writes to *The Lancet:* I am desirous of calling the attention of the profession to the value of tincture of arnica in the treatment of pneumonia and other acute pulmonary affections. Some years ago Mr. MITCHELL HENRY, then assistant-surgeon at the Middlesex Hospital, wrote an article in *The Lancet* advocating its use in allaying irritative traumatic fever. A few weeks after the appearance of that article I was summoned to a man, a railway porter at this station, who had been squeezed between the buffers of two trucks. I found the sternum depressed, and, consequently, dislocation of sternal ends of both clavicles; he was suffering acute pain in the chest, and was almost in a state of collapse

and, from his condition, I feared injury to the lungs. With difficulty I got the sternum in position, and when he rallied, which he soon did, I gave him five minims of tincture of arnica every four hours. To my surprise the pulse kept down; he had no febrile disturbance whatever, and in a few weeks resumed his usual occupation.

It then struck me that a drug exercising such a powerful effect upon the heart's action must be of benefit in acute pneumonia, and I determined to give it a trial, and it was not long before I had an opportunity of doing so. Its good effects exceeded my hopes, and since then I have treated all my cases of acute pneumonia in adults with the remedy, for such I must call it, for I have never known it to fail. I employ it also in acute hæmoptysis; but when there is extensive tubercular disease of the lungs I have not found it lower the circulation. A case of hæmoptysis and one of pneumonia have just come under my care, and these being similar to many others, I will simply give them, thinking the result of the treatment so striking that the profession will be induced to give it a fair trial.

Bernard T———, æt. twenty years, a strong, muscular young man, a brickmaker, attended at my surgery, four miles from his own home, on Sept. 1st. He was seen by my assistant, Mr. P. P. LANGFORD, who reported him suffering from acute febrile disturbance. He advised the patient to get home as quickly as he could and go to bed.

On the 3rd Mr. Langford visited him, and found that he was suffering from acute pleuro-pneumonia of the right side. Posteriorly there was dullness over nearly the whole of the lung, with friction sound and some small crepitation in the upper part. At the base of the left lung, for about two fingers' breadth posteriorly, the mischief had commenced. Pulse 100, full and incompressible; respiration not taken. Mr. Langford told me of the case before prescribing, when I advised him to give ten-minim doses of tincture of arnica, with solution of acetate ammonia, every three hours.

Sept. 4th.—I visited him. His countenance was then dusky and anxious; pulse 100; respiration 60. The physical signs of the inflammation showed that it had not extended since the previous day. To continue the medicine.

5th.—Seen by Mr. Langford. Pulse, 85; respiration not taken. Medicine to be taken every four hours.

6th.—Pulse, 80; respiration, 40; countenance improved. Continue medicine.

7th.—Pulse, 72; respiration, 32; small crepitation audible in upper part of the lung posteriorly. To take the medicine every six hours.

8th.—Pulse, 60; respiration, 24; lung improving. To continue the medicine every six hours.

10th.—Pulse 50, irregular; respiration, 30. He was sitting up in bed, taking a milk mess, when I visited him, and expressed himself as quite comfortable. To take five minims of the arnica three times a day.

12th.—Pulse 60, irregular; respiration, 24; right lung normal, except for aobut two fingers' breadth at base, where there is a small crepitation; left lung well. To discontinue medicine.

The rapid absorption of the effused products of inflammation in this case is remarkable, but it is only what I have seen in several others. The persistent effects of the drug also are very noticeable, as I have known the pulse remain at 40 for several days after the medicine has been discontinued, and even after the patient has got about. The case of hæmoptysis is briefly as follows:

Mr. W. B———, small farmer, æt. sixty, came to me on the 18th of August last, and said he had coughed up, he thought, three pints of blood on the previous day. I examined his lung, and did not find any signs of extensive tubercular disease. He had been subject to winter bronchitis, and there were symptoms of an atheromatous state of vessels. Pulse 90, full and incompressible. Ordered ten minims of tincture of arnica, with fifteen of dilute sulphuric acid and syrup, every four hours. His pulse was very soon reduced, and in four or five days was down to 40, and remained so for three or four days; he got about his employment in ten days, and has had no return of the hæmoptysis.

# Reviews and Book Notices.

## BOOK NOTICES.

**The Change of Life in Health and Disease.** A practical treatise on the nervous and other affections incidental to women at the decline of life. By Edward John Tilt, M. D. From the third London edition. Philadelphia: Lindsay & Blakiston. 1871. 1 vol. 8 vo. pp. 800. Price, $3.00.

This edition of this well-known and excellent work comes before the public with considerable additions and alterations, which brings it fully up to the advancement of gynæcological science. The information it contains regarding the important epoch in the life of woman of which it treats, should be familiar to every physician, and in a popular form to every woman.

We especially commend to those ostentatious pietists who would keep from the general reader all works on these subjects the following extract from the author's preface: "I am more and more convinced that most diseases of women are preventible, and that their frequent occurrence depends upon the lamentable ignorance in which young women are brought up concerning all that relates to those very functions by which they are constituted women."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 4, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## *SOMETHING NEW!*

Beginning with the first Number in March, subscribers who receive their REPORTER in a *pink wrapper* will please understand that a payment is due from them. Bills have been sent to all, and we hope that this *constant reminder* will induce the thoughtless ones to respond *at once*. As soon as payment is received *in advance of date*, the wrapper will be changed.

## BARRACKS AND HOSPITALS.

The *Report on Barracks and Hospitals* recently issued from the Surgeon-General's office, (Circular No. 4, c. s.) is a highly important document, inviting careful study by all those interested not merely in military, but in civil hygiene. The principles on which these edifices should be constructed are luminously set forth in an introductory essay, in the form of a report, by Dr. J. S. BILLINGS, U. S. N., and the numerous reports of surgeons at military stations appended add much matter of interest.

The problem of ventilation is not met by merely giving ample cubic air-space to each soldier, say 600 in barracks and 1,200 in hospitals, in a temperate climate. There must be an arrangement for the prompt removal of breathed air and the furnishing of pure outdoor air, thus causing a constant circulation. Open fire-places are recommended as one of the efficient means by which this can be accomplished. They can be two in number, placed back to back, and enclosing an air chamber between. This can communicate above with the room by dampers, which can be closed when desired.

The double bunks, in use at some barracks, are unqualifiedly condemned, and with great justice. Time was when they were used in hospitals, and in the old days of the Hotel Dieu, in Paris, it was no unusual sight to see three or four patients, suffering from different acute diseases, and in various stages of their maladies, occupying one bed.

Bathing facilities are recommended at every post. "The bath tub should be considered as important an article of equipment as the cooking stove." Cleanliness, indeed, is peculiarly important where men are crowded together and exposed to the deleterious influences of close association. We know from experience the extreme difficulty, even impossibility, of keeping oneself free from vermin under such circumstances.

A model ward of a hospital should be about twenty-four feet wide, fifteen feet high, and have windows on opposite sides, one to every two beds, reaching nearly to the ceiling. The ventilation should furnish at least three thousand cubic feet of fresh air per man per hour. The kitchen, laundry, and dead house should be at a distance from the ward.

A curious part of the report refers to what may be termed the "personal equation" of medical officers. It is constantly noticed that at the same post, and with the same troops, the accession of a new medical officer is followed by a marked increase or diminution of the number of sick taken on sick report; yet the general condition and relative mortality of the post remains the same. The ratio of sickness varies as much as forty per cent., depending upon the physician. As Dr. BILLINGS justly remarks, this source of error extends to all medical statistics, and an allowance must be made, therefore, in comparing them, just as the astronomer makes an allowance for the personal equations of individuals in observing the phenomena of the heavens. We regard this as a novel and important observation.

## PRESBYTERIAN HOSPITALS.

The attention which the various denominations of Christians are giving to plans of active practical benevolence, is one of the cheering

proofs that the religion of our age is no mere orm or empty respect to ancient usages. Of these plans certainly none will commend itself to our readers more than the establishment of hospitals, in which the friendless and the indigent poor may obtain the benefit of the recent improvements in medical art, and the most favorable conditions for recovery.

A number of denominations now have hospitals under their own charge, and we are glad to see that they are constantly increasing. We have before us the first and second annual reports of the Presbyterian Hospital, of New York, and a perusal of their contents has much impressed us with the value of this munificent charity. It occupies a complete block of ground, between 70th and 71st sts., and Fourth and Madison avenues. This site, valued at $250,000, was presented by Mr. JAS. LENOX, who also gave an additional quarter of a million dollars in cash.

The building itself, plans of which we present in this number, is constructed on the most improved modern ideas, with fine large airing grounds for patients, and roomy, well ventilated, cheerful wards.

The hospital, when completed, will consist of three pavilions (accommodating about 300 patients), an administration building and a boiler-house.

All of the buildings except the boiler-house are to be three stories high, with basement, and attic in Mansard roof. The basement will be eight feet high. The first story and attic will be twelve feet high, respectively; while the height of the second and third stories will be fourteen feet and six inches in the clear.

The basement story of pavilions will be devoted to the accommodation of hot-air chambers, engine-rooms, fan-rooms, etc.

The first floors of pavilions will be occupied by private wards with all their necessary accessories; whilst the three upper stories will contain the public wards.

The chapel will occupy the central portion of the building in the third and fourth stories, with spacious staircases on each side, and will be surmounted by a spire.

The boiler-house will contain a laundry, with drying and ironing rooms.

All the heating and steam power required throughout the hospital will be furnished from this building.

The main chimney-shaft, 100 feet high, will have air-chambers around it, in connection with and for the purpose of ventilation.

As regards the interior construction, the aim has been to introduce all of the latest improvements; thus the walls and ceilings will receive a perfectly smooth hard-sand finish, instead of the ordinary so-called hard finish—hard woods, waxed, will be employed in trimming, thus avoiding the use of paint. All angles will be rounded off. The bases in wards, and where else required, will be of porcelain, or some equally hard non-absorbent material.

It will not be long before we may hope to see this building completed, when, it will be seen from this brief description, that it will compare most favorably with any structure for the same purpose which can be seen in this country.

The cordial reception which the project met from a number of members of the church, as well as the intrinsic value of such an establishment, have led those belonging to the same denomination in this city to initiate efforts in the same direction.

At a recent meeting of the Executive Committee of the Presbyterian Alliance of Philadelphia, Rev. Dr. NEVIN read a report relating to the proposed Presbyterian Hospital, setting forth the need of such an institution in the Presbyterian church, for the shelter and cure of indigent and sick members of this communion. As a church, it was argued that the subject had been delayed too long already by the members, other denominations having their hospitals, where their sick and disabled are cared for. It was argued that if the subject were considered favorably, and acted on, the latent power of the church would be brought into requisition.

The project has been commenced under unexpectedly favorable auspices, by the generosity of the Rev. Dr. SAUNDERS, who offered a fine lot of ground nearly three acres in extent, for the purpose, together with some valuable buildings upon it, the whole estimated to be worth $100,000. Whatever encumbrances are on the property, Dr. Saunders will raise the money to liquidate. The location is pronounced by competent medical men to be healthy, and in all respects adapted to the purpose.

We need hardly add that no sectarian narrowness is contemplated in this enterprise. While it will be more particularly designed

for the sick poor of the Presbyterian Church, those of any or no religion, who need its attention, will not be turned from its doors.

Many of our readers will feel an interest in the above statements, and we shall be glad to give any further information on the subject, or be the medium of conveying any *practical* sympathy with the object to the proper sources.

## Notes and Comments.

### State Vaccine Agents.

We regret to see that the State of West Virginia contemplates abolishing its vaccine agency. There was lately brought before the Legislature a bill to inquire into the expediency of appropriating money to pay the State Vaccine Agent for his services last year, and as to the expediency of abolishing the office.

### Poison-Oak—Tetanus.

Dr. W. W. DUNN, of Louisiana, writes us: "I consider a decoction of the leaves of a tree, known with us as 'cotton-wood, a specific for poison-oak. I prescribe a teacupful several times a day, until the disease is cured. I never knew it to fail. There is no danger; the patient can drink *ad libitum*. There is also a small, creeping vine with us, known as May pop, which we have tried successfully in tetanus. Make a strong decoction, and give freely until emesis is produced, and all the spasms, rigidity of muscles, the annoying symptoms, speedily vanish as if by magic."

Some further facts can be gleaned by consulting the "Report on Med. Botany," in Vol. 5, Trans. Am. Med. Association.

### The Puff Direct.

A paper in Topeka, Kas., thus dilates concerning a young (eclectic) practitioner in that place: "While tumors are being extracted by the old, barbarous method of cutting and carving the flesh, Dr. —— has adopted a plan which destroys the tumor with very little pain. He uses a hypodermic syringe, and throws a solution into the tumor, which causes it to dissolve." (!!)

### New York Items.

At the last meeting of the Medical Board of Bellevue Hospital, Dr. T. G THOMAS requested to be transferred to the vacancy in the obstetrical service, consequent on the death of Dr. ELLIOTT.

Moved and seconded that it be granted. Lost.

Ayes—Alonzo Clark, F. M. Markoe, H. B. Sands, A. T. Loomis, J. W. S. Gouley, F. G. Thomas—6

Nays—A. B. Mott, B. W. McCready, A. Flint, J. R. Wood, F. H. Hamilton, S. Smith, F. Barker, L. A. Sayre, A. Flint, Jr.—9.

Moved and carried that the Board proceed to appoint names to be sent to the commissioners for selection.

The names of the following were proposed: C. H. Budd, E. R. Peaslee, J. C. Nott, W. T. Lusk, W. H. Draper, E. S. Dunster.

The President appointed Drs. Barker, Sands, Loomis, Nott, and Flint, Jr., a committee to select two from the number. Drs. W. T. Lusk and E. S. Dunster were selected.

The committee for examination of candidates for Bellevue Hospital for the ensuing year are Drs. Wood, Markoe, Crane; Gouley, Flint, Jr., and Taylor.

The Commissioners of Public Charities and Correction appointed Dr. W. T. LUSK visiting obstetrician in place of Dr. Geo. T. Elliott, deceased.

### The New York Drug Bill,

In the New York Legislature, contemplates providing for the establishment of an examining board for the examination of and licensing clerks employed by druggists in the city of New York. Amended and passed. It directs the mayor to appoint, within ninety days, a board consisting of two skilled pharmaceutists, two skilled druggists, and two regular physicians of the city of New York, to act during the pleasure of the mayor and commonalty as an examining board, for the examination and licensing of all persons now employed or hereafter to be employed as clerks by any druggist or keepers of drug stores engaged in preparing, putting up and dispensing medicines in that city, and makes it unlawful for other than dispensing clerks, who shall be examined by the board, and shall have received its certificate or license, to put up prescriptions.

"It shall not be lawful," says the bill, "for any druggist in the city of New York, after the expiration of thirty days after the organization of said Examining Board, to employ any person as a clerk who has not duly passed examination and received a certificate as provided;" and any person violating this provision "shall be deemed guilty of a misdemeanor, and shall be fined not less than five hundred dollars, or imprisonment for six months, or both, at the discretion of the court." The Board of Supervisors are directed to provide such compensation for the Examining Board as they may deem reasonable. The bill, as thus amended, differs from the original in the important respect of designating a mixed board of pharmaceutists, physicians and druggists—six members in all—instead of a board consisting of five physicians only.

### Alumni Meetings.

The Alumni of the Medical Department of the University of Pennsylvania propose celebrating the anniversary of the Institution of the Society by an entertainment to begin on Monday evening, March 13th, at 7 o'clock, being the day before Commencement. The subscription ($5.00) is open not only to members of the Association alone, but also to graduates in good standing.

The annual business meeting of the society will be held at 5 P. M., of Commencement day, March 14th, at the University.

The annual meeting of the Alumni Association, of Jefferson College, will be held at the College on Saturday, March 11th, at 12 o'clock. The address of the President, Prof. SAMUEL D. GROSS, will be delivered at the College in the evening at 7 o'clock precisely; after which the Alumni Dinner will be served at Augustin's, 1105 Walnut street.

## Correspondence.

## DOMESTIC.

### Maternal Impression.

EDS. MED. AND SURG. REPORTER:

I was once a firm disbeliever in mothers' marks, and ridiculed what I considered the superstitious notions of others, whenever I found them, which is almost universal with the common people. But a circumstance occurred in my practice some two years since which caused me to think there might be something in them after all. I consider it as marked a case as any I have seen in THE REPORTER, and will give it you for publication if you deem proper.

February 14th, 1869, I was called to conduct the labor of Mrs. O. H., æt. 31. It was her fifth child; as the labor was normal in all respects, I will not state its progress. In three hours after I entered her room she gave birth to a fine boy at term, perfect in all respects, except that all the fingers and half the thumb of the left hand were missing. The deformity was not discovered until the child was being washed. By my attention being called to it the mother suspected something wrong and asked if the child was all right. In attempting to give an evasive answer she was all the more impressed that something was wrong with the child, and we were forced to show her the deformity. She at once requested her husband to bring a picture from another room. When the picture was handed her she remarked, pointing to one of the hands, "there is the cause of all that." The picture was an ink painting of a little daughter deceased, taken from a photograph, and very elegantly executed, with which the mother was well pleased, except with one hand, the fingers and half the thumb of which was concealed by the clothing. Over this little imperfection in the painting the mother was very much troubled. She saw the painting for the first time in the fourth month of pregnancy. I compared the deformed hand of the child with that of the painting, and found *just that part of the same hand wanting* in the child that was concealed in the painting. This was conclusive to all present, except myself, and I had not the courage to say a word in disapprobation.

G. H. HOLLAND, M. D.

*Frankfort, Ohio.*

### Chloral Hydrate.

EDS. MED. AND SURG. REPORTER:

I have read with interest the various reports in your journal of the use of chloral hydrate, but I have not seen an account of its being given in such large quantities as I have found necessary in my practice.

Not long since I used it for a patient who had taken six grains of opium in divided doses, to arrest threatened abortion. She had not slept for five days and nights, and was almost wild with opium rash. Between 9 and 11 o'clock P. M. I administered one quarter of an ounce of the chloral. At 11 o'clock she fell asleep and slept until 6:30 A. M. She awoke refreshed, feeling no unpleasant effects. The rash had entirely disappeared.

Within 36 hours I administered six drachms in 40 grain doses to a man suffering from the nausea and insomnia consequent upon a debauch; the vomiting was controled and sleep induced, with no ill effect. Have any of your readers given larger doses?

J. C. C. DOWNING, M. D.

*Wappinger's Falls, N. Y.*

### The Propriety of Medical Advertising.

EDS. MED. AND SURG. REPORTER:

Why should the medical profession evince a disposition to expel a member, however deserving he may be, who has the temerity to advertise his vocation? If a physician believes himself competent to successfully administer to the wants of suffering invalids, what good reason may be given for withholding from him one of the chief avenues to success?

I doubt not that inexorable custom, which regards any thing *malum prohibitum*, has prevented many meritorious physicians and skillful surgeons from availing themselves of the medium which charlatans find successful in creating enormous incomes! Why should the pathway which usually leads to wealth, open to the merchant, the attorney, the journalist, and all other vocations, without exception, be closed against the meritorious Esculapian alone?

Often, I doubt not, the modest and unassuming physician spends, if not a life time, at least many of his years, in comparative obscurity, with scarcely receipts enough from his profession to prevent actual want, while his confident contemporary, the most unscrupulous charlatan, by extensive advertising obtains a large and lucrative business.

If a country doctor can increase his meagre income by a judicious advertisement, what sound, ethical principle should prevent him from doing so?

If advertising brings a golden harvest to others less entitled to fortune's favors, why may not the toil-worn physician, *carpere diem*, and make hay while the sun shines? Should it not be considered a matter of taste and judgment, and left to the discretion of each individual member of the profession, to determine whether to advertise or not?

Respectfully,

W. W. ALEXANDER, M. D.

*Athens, Tenn., Feb.* 13, 1871.

[The objection to advertising on the part of professional men—both lawyers and doctors—is, that if adopted, it would be abused, and that after all, there would be really not as good a chance for indigent merit as there now is. The longest purse would control the public mind. Then it would add an overpowering temptation to claim merit, which we do not possess in matters—unlike teas and dry goods—where it is impossible for the public to form an opinion.—EDS REPORTER.]

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### Treatment of Scarlatina.

EDS. MED. AND SURG. REPORTER:

So much has been written in your able columns on the subject of scarlatina, that without an apology I might be termed presumptuous; but having passed through two epidemics of that disease with success in my plan of treatment, I am led to add to the rest my mite. Scarlatina is admitted by all, I think, to be classified under the head of not merely an exanthema, but rather a blood poison with the exanthema as one of the symptoms. The rational treatment in any affection is to remove the cause, and as *a priori* the malady will cease, on this principle I base my treatment. Admitting the cause of the disease to be a blood poison, the *rationale* would be to eliminate that poison. What are the eliminators of the body? Kidneys, bowels, lungs and skin. Following up our plan of reasoning, it is evident these organs are the media through which the elimination is to take place; and in accordance we prescribe such ingredients as will be best adapted to the porpose of each individual case. Mild diuretics for the kidneys; calomel, followed by mag. sulph., for the liver and bowels; pure air for the lungs. And now we come to the skin, the greatest eliminating surface of the economy, and on whose action I mainly depend in all cases of scarlatina, from simplex to maligna. I firmly believe that few cases of scarlatina would terminate fatally if seen early in its career and an early action of the skin be secured. If this be true (and I believe experience will confirm it), what then are the best remedies to secure so benign an object? Well, my plan is nothing new; simply an old remedy revived, viz., Warm, stimulating baths, followed immediately by warm inunction, more for the purpose of protecting the peripheral nerves than to add virtue to the bath; these baths, used at a temperature to suit each case. I find the more sthenic the disease, the higher should be the temperature of the baths; and as the active part of the disease subsides, so the temperature and frequency of the baths may be lessened. To the throat, locally, bladders of ice. Internally, potassæ chloras, quinine, tr. ferri chlo., etc. As a gargle, alumen, potassæ chloras, potassæ permanganas, acidum carbolicum, or any of the combinations suggested in the books or by the judgment of the physician. Light diet, of a cool, sustaining character—nothing acting better than milk; lemonade as a drink *ad libitum*; oranges, ice drinks or ice to swallow. Bed clothes to be changed frequently, at least once a day, and attentive nursing.

By following in main the above plan, I have attended about 200 cases of the different degrees without the loss of one.

H. G. BINKLEY, M. D.

*Washington, Pa.*

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## NEWS AND MISCELLANY.

### The Medical Department of the University of New York.

The annual Commencement exercises of the Medical Department of the University of New York were held on Wednesday, February 22d, in Association Hall, and attracted a large audience. CHANCELLOR CROSBY delivered the opening address. A list of the graduates was then read by the Chancellor. The diplomas were next distributed by the Chancellor, and the names of those students were read who had attended the Spring, Summer, and Autumn courses of lectures, in addition to the Winter course, and who are thereby entitled to certificates of honor. The prizes were then distributed.

Prof. J. C. Draper then delivered the valedictory address to the graduates. He said that during nearly 30 years of active life their college had annually contributed her quota to the world's great army of workers, and though at her Commencement she may not exult as loudly as other and more youthful institutions, she loves her children none the less dearly, and in her mature maternal affection seeks to give them the useful, practical knowledge which is to aid them in their struggle with disease and death, and pays but little heed to the tinsel and

glitter that are so often employed to cover ignorance and superficiality. After cautioning the graduates not to allow the honor and dignity of the profession ever to lose anything at their hands, he said that among the numerous virtues they would be called upon to cultivate would be patience, both in relation to their studies and awards. With Patience was her twin-sister Perseverance; without her they could accomplish nothing; with her, everything. He advised them, having secured these two virtues, to be careful in their intercourse with patients, and to exercise that decision and promptitude which were evidences of their self-reliance and thorough knowledge of the profession. Especially in cases of danger and difficulty should thep endeavor to be prompt, and thereby win the confidence of the invalid. Even though they might have doubts regarding the nature of the disease, they should not express them, but do something to meet the prominent symptoms, and so satisfy the patient and gain the time necessary for an exact diagnosis. As regards the use of remedies, like Radcliffe, the illustrious founder of the Oxford Library, they entered on the pursuit of their profession with twenty remedies for every disease, and, like him, they would soon find that they had twenty diseases without any remedy. Under the latter circumstances there would be nothing left but to follow what is known as the expectant plan of treatment, the fortunate results of which were happily expressed in the following lines, by one of its earliest advocates:

"The grave my faults does hide,
The world my cures does see;
What youth and time provide
Are oft ascribed to me."

The establishment of your gig, he said, will be the great event in your early career, for it will not only be an evidence of your success, but will greatly promote your practice among those who do not care to have their carpets soiled by the muddy feet of pedestrians. Be careful, however, not to establish it too soon, since it is certain destruction to be obliged to give it up. Above all, if you are driven to any devices to secure the use of a vehicle by day, be sure to keep them profoundly secret, having before you the recollection of the unfortunate doctor who drove a cab by night to ride in it by day, and who, in a moment of forgetfulness, jumped on it instead of in it, and thereby lost the labor of years. On the subject of fees you are to be guided by the customs of the community in which you are established. In your dealings with the poor, he said, always be merciful, and endeavor as far as possible to make up the difference with the rich. At the conclusion of Prof. Draper's address, Dr. E. F. Preston delivered the valedictory address of the class, and after the benediction had been pronounced by Chancellor Crosby, the audience dispersed.

## QUERIES AND REPLIES.

### Chloral Hydrate.

MESSRS. EDITORS: Are doses of 30 or 50 grains of this substance safe? In my hands 10 or 15 grains put a nervous body so quietly out of the way, I am seldom obliged to repeat the dose. Are its very bad taste, and the very unpleasant sensation in the throat caused by an impurity, and can it be got rid of? If not an impurity, can it be disguised? Pray, let us have in the next weeks' REPORTER the experience of a dozen, more or less, who have taken thirty to fifty grains at a dose. M. DE F., JR.

*Dr. T. C. T., of Ohio.*—The person whose consumptive cure you inquire about is a notorious and shameless charlatan.

*Dr. D. Y. R., Ohio.*—We can furnish you a good wired-skeleton for $45.

*Dr. M. S. D., Ala.*—Druitt's Modern Surgery costs $4, on reception of which we will forward it, postage paid.

## WORDS OF ENCOURAGEMENT.

*Dr. A. L. T., Pa.*, says: "Of all the medical journals I ever saw, or have ever taken, or my father before me, THE REPORTER is the most practical and common sense. I gave up ——— for it, and made a good change."

*Dr. R. G. O., Del.*, says: "Practical men all over the country must thank you for the large and increasing amount of valuable matter, so concisely embodied in your admirable Journal."

*Dr. M. S. D., Ala.*, says: "Allow me to express my sincere appreciation of your very useful journal, and the earnest hope that its usefulness and circulation may continue to increase."

## MARRIED.

BRINTON—FUTHEY—In West Chester, Pa., on the 1st inst., by the Rev. John Bolton, William B. Brinton, M. D., to Ida P., daughter of J. Smith Futhey, Esq.

FORT—HILL—Feb. 15th, at Knightstown, Ind., by the Rev. L. B. Shryock, Mr. J. W. Fort, of Cincinnati, and Miss Loretta, daughter of Dr. Hill, of the former place.

NEWCOMB—HARRIS—Feb. 16th, by the Rev. Stephen H. Tyng, Obediah Newcomb, M. D., and Fannie J., daughter of the late Thomas Harris, all of New York.

TERRELL—MALONE—At New Vienna, Ohio, Feb. 15th, by Friend's ceremony, Dr. P. M. Terrell, of Martinsville, Ohio, and Miss Alice E., daughter of John C. and Mary A. Malone, of New Vienna.

THOMPSON—MCCAHAN—January 30th, by the Rev. N. G. White, Dr. James P. Thompson and Miss Maggie McCahan, all of Williamsburg.

TOWLE—BOWEN—Feb. 13th, by the Rev. J. F. Ohl, at the residence of Mrs. E. S. Van Beuren, Dr. M. C. Towle, of Haverhill, Mass., and Miss Kate A. Bowen, of Zanesville, Ohio.

## BIRTH.

STANTON—At Stonnington, Conn., Feb. 21, 1871, twin sons to Dr. and Mrs. Geo. D. Stanton.

## DIED.

DUDLEY—Near Moorestown, N. J., Feb. 10th, Dr. Evan Dudley, aged 28 years.

GEGAN—In Dublin, Ireland, on the morning of Feb. 21st, Dr. John Gegan, who was for forty years a practicing physician in Philadelphia.

RANNEY—In New York, Feb. 23, Ann Curtiss wife of E. W. Ranney, M. D., aged 46 years.

ROWLAND—Feb. 5th, at Rowlandsville, Cecil county, Md., Isabel, daughter of Dr. Wm. B. and Cassandra R. Rowland, in the eighth year of her age.

SMITH—At New Canaan, Connecticut, Feb. 19th, in the 29th year of his age, E. Herman Smith, M. D., of St. Paul, Minn., and son of the late Rev. Theophilus Smith of New Canaan.